



6030 NE WILLIAM R CARR AVE., ADAIR VILLAGE, OR 97330

MAIN LINE: 541-745-5507 FAX: 541-230-5219

We consider applicants for all positions without regard to race, color, religion, gender, ancestry, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Position Applying for:					Date of Application			
Last Name			First Name			Middle Initial		
Address		Street		City		State		Zip
Personal Phone			Business Phone			Cell Phone		

EDUCATION AND FORMAL TRAINING:

Do you have a high school diploma or a GED certificate? YES NO

EDUCATION:

Circle Highest Year Completed -

High School				College				Graduate School					
9	10	11	12	13	14	15	16	17	18	19	20	21	22

List enough education to meet the requirements specified in the job description

Colleges, Nursing, Military, Trades, Business or Other Schools Attended

School Name and Location	Major Course of Study	Dates Attended	Credits Earned			Degree Earned
			Qtr Hrs	Sem Hrs.	Other	

**Application must be COMPLETELY filled out.
RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR APPLICATION**

WORK EXPERIENCE:

List your current or last employer first, then describe enough additional work experience to meet the requirements shown in the recruiting announcement. Include unpaid and volunteer work. Resumes will not substitute for completing the WORK EXPERIENCE section. If you need more space to describe duties, you may attach additional sheets.

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:			Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:			Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER:
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:			Reason for Leaving?

--	--	--	--	--

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:			Reason for Leaving?

MONTH/YEAR	TITLE:	No. People supervised:	Hours/Week	EMPLOYER INFORMATION
From:	Duties:			Name:
To:				Street:
				City/State
Total Years:				Phone:
				May we contact employers?
Months:	Supervisor's Name:			Reason for Leaving?

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any *job-related skills* acquired from employment or other experience; foreign languages you speak, read or write; courses or certificates received:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

Are you 18 years or older? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date(s):

Have you ever been employed with us before? Yes No

If yes, give date(s):

PLEASE READ THE FOLLOWING THOROUGHLY BEFORE SIGNING

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to the City of Adair Village may result in immediate termination of employment.

I authorize the employers and supervisors listed in this application to give City's representatives any and all information regarding me and my previous employment. **Furthermore I also understand that the City of Adair Village may conduct a criminal background investigation, fingerprinting, check my driving record, and/or verify my bondability as a condition of employment.** I release the City of Adair Village and all previous employers and supervisors as well as any other agency or company contacted from liability for any damages that may result from furnishing information to the City of Adair Village.

I understand that in order for the City of Adair Village to comply with federal immigration laws, if employed by City of Adair Village, on my first day of employment, I will be required to furnish proof of my identity and authorization to work legally in the U.S. by completing the U.S. Immigration and Naturalization Service Form I-9.

Signature _____

Date _____

RETURN COMPLETED APPLICATIONS TO

City of Adair Village
6030 William R Carr Av.
Adair Village, OR 97330

City of Adair Village

EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

As an employer, the City of Adair Village is required to collect, record, and compile personnel affirmative action data. This information is confidential and will be retained in Human Resources separate from your application for employment. Supplying this information is voluntary; failure to provide this information will not adversely affect consideration for employment.

Name: _____ Male Female

Position Applied For _____ Application Date _____

Under 20 years of age Over 40 years of age

ETHNICITY: Below are descriptions of ethnic categories as identified by the US Office of Management and Budget circular number A-46. Please select one category that correctly applies to you.

- Hispanic/Latino** – All persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture, regardless of race.
- White (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black/African American (Not of Hispanic or Latino origin)** – All persons having origins in any of the black racial groups of Africa.
- American Indian or Alaskan Native (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Native Hawaiian/Other Pacific Islander (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of the Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not of Hispanic or Latino origin)** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races

VETERAN STATUS: Please check one if it describes your veteran status.

Vietnam Era Veteran Veteran Any Other Era Special Disabled Veteran

RECRUITMENT SURVEY

How did you learn of this vacancy?

- Adair Village Web site City Employee
- Other Agency (specify below) Newspaper or Publication (specify below)

_____ (Agency Name)

_____ (Publication Name)

Other (please specify): _____